

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1409

State File No.

BIRTH NO. <u>3321-51</u>		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>2026</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u> c. LENGTH OF STAY (In this place) <u>6 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEP. SANITARIUM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3558</u> d. STREET ADDRESS (If rural, give location) <u>3840 PARK</u> <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>STANLEY</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>SWARTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1951</u>		5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>Jan. 13, 1951</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 12 HRS. Hours <u>6</u> Min. <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			
11. BIRTHPLACE (State or foreign country) <u>INDEPENDENCE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MARVIN SWARTZ</u>		13b. MOTHER'S MAIDEN NAME <u>NORMA JEAN HOPKINS</u>			
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN SWARTZ</u>			
ADDRESS <u>KANSAS CITY, MO.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Osteoarthritis</u> ANTECEDENT CAUSES <u>Moebid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Premature delivery</u> DUE TO (c) <u>Premature separation of placenta</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>6 hrs</u> <u>76.25</u>		19a. DATE OF OPERATION <u>1-13-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Partial separation of placenta</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 13</u> , 1951, to <u>Jan 14</u> , 1951, that I last saw the deceased alive on <u>Jan 14</u> , 1951, and that death occurred at <u>1:40A m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Runeck E. Guhman</u> (Degree or title) <u>MD U</u>			
23b. ADDRESS <u>507-1st West Bank Bldg. Independence</u>		23c. DATE SIGNED <u>1-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 15, 1951</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON CO., MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>Jan. 15-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>		ADDRESS <u>Independence, Mo.</u>		26. (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 1 9 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____ working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Signed _____ Student Embalmer _____ Licensed Embalmer No. _____
P. O. Address _____

Note: The above ~~MUST BE SIGNED BY THE LICENSED EMBALMER~~ **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.